



REQUEST FOR CANCELLATION OF NEW APPRENTICESHIP COMMITTEE

L&I apprenticeship
coordinator

TO: Washington State Apprenticeship & Training Council

FROM: _____
NAME OF COMMITTEE

Check Type of New Committee

- ☐ Individual Joint ☐ Group Joint ☐ Group Waiver
☐ Individual Non-Joint ☐ Group Non-joint ☐ Individual Waiver

DATE COMMITTEE APPROVED: _____

Employer Representative	Address
Employee Representative	Address

Reason(s):

Requested by:	Approved by: Washington State Apprenticeship & Training Council
	Secretary of Council
Date of Approval:	Date: